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2	7.300	AIMS"	FILED (Colun	-PARTI	(Column 2)	TYPE	T ENTITY.		SMALI) TUN	
L	FOTAL CLAIM	IS		. <i>:</i> ;		RA			RATE	ENTITY	対象が
Ľ	OR	* * 15.4%	NUMBE	R FILED	NUMBER EXTRA	BASI		γ _α OF		XII	多
	**************************************	EABLE CLAIMS		lnus 20∍ i		i Xs				67.026	
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<u> </u>	IULTIPLE DEPENDENT CLAIM PRESENT					1	- '	# JOH			
•	If the difference in column 1 is less than zero, enter "0" in column 2						5=	OR	<u> </u>		4
CLAIMS AS AMENDED - PART II							AL L	OR		940	4
~	(Column 1) (Column 2) (Column 3)) SMA	LL ENTITY	OR	OTHER SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	PRESENT EXTRA	RAY	ADDI E TIONA FEE		RATE	ADDI- TIONAL	1
ŽQ Z	Total	. 14	Minus	. 20	=	X\$ 9	71	٦,,	X\$18=	FEE	1
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AMENDMENT C		AFTER AMENDMENT		NUMBER PREVIOUSL PAID FOR	Y EXTRA	RATE	ADDI- TIONAL	1 1	RATE	· ADDI- TIONAL	
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WE .	independent	•	Minus	***	=	X\$ 9= X40=		OR	X\$18=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 	OR	X80=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+270=	'	
**If the Tilighest Number Previously Paid For in THIS SPACE is less than 20, enter "20." ADDIT ESE											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											